MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/533483 **FILING DATE**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2	/	/					52						
3	/	/					53						
4		/					54						
5	/	/					55						
6	/						56						
7	/						57						
8	/						58						
9		/					59						
10	/						60						
11	/						61						
12		/					62						
13	/						63						
14		7 7					64						
15		7					65						
16		7 7					66						
17		7					67						
18		7					68						
19		7 7					69						
20		7					70						
21	/						71						
22	/						72						
23		9 9					73						
24		9					74						
25		9 9					75						
26		9					76						
27		9					77						
28		9					78						
29	/ /						79						
30							80						
31	/						81						
32	/						82						
33	/						83						
34		/					84						
35		/					85						
36	/						86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	15						TOTAL IND.						
TOTAL DEP.	104						TOTAL DEP.						
TOTAL CLAIMS	119						TOTAL CLAIMS						

PTO - 1360 (REV. 11/04)